

SCHOOL DOCUMENTATION OF SUDDEN CARDIAC ARREST SYMPTOMS

Student Name: _____ Date: _____

Activity: _____ Grade: _____ Location: _____

Sudden Cardiac Arrest Warning Signs Exhibited by Student (circle all that apply):

- Fainting
- Difficulty Breathing
- Chest Discomfort or Pain
- Dizziness
- Abnormal Racing Heart Rate
- Other (please list): _____

EMERGENCY SIGNS – Call EMS (911) Immediately:

- *If a student collapses or faints suddenly during competition*
- *If a blow to the chest from a ball, puck or another player precedes a student's complaints of any of the warning signs of sudden cardiac arrest*
- *If a student does not look or feel right and you are just not sure*

Time Symptoms Noticed: _____ Time Parent Notified: _____

Parent Notified by (circle one): Talking in Person Talking by Phone Left Phone Message

Name of School Personnel that Notified Parent: _____

Brief Description of Conversation with Parent: _____

Actions Taken by School Personnel (check all that apply):

- _____ Student removed from practice or play
- _____ 911 call initiated if emergency symptoms observed
- _____ Parent notified of student's symptoms and current condition
- _____ Parent gave verbal permission for student to return to practice or play
- _____ Parent notified that verbal permission to return to practice or play must be replaced with written permission within twenty-four hours
- _____ If permission not given by parent for student to return to practice or play, student monitored until released directly to parent or parent designated person
Name of staff member responsible for monitoring student: _____
Student released to: _____
- _____ Release to Participate Form given to (circle one): Student Parent

(Name of Person Completing Report)

(Date)